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PAID ISSUE FER TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1510 50 \$1510 04/28/2009 EXAMINER ART UNIT CLASS-SUBCLASS HOANG, PHUONG N 2194 709-328000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list IP Authority, LLC the names of up to 3 registered patent attorneys or agents OR, alternatively. ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 Ramraj Soundararajan (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer ..... Number is required. 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The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4098 (enclose an extra copy of this form). Advance Order - # of Copies Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer elaiming SMAU, ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Pee and Publication Pee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature /ramraj soundararajan/ Date 5/1/2009 Typed or printed name Ramraj Soundararajan Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450.

PAGE 4/5 \* RCVD AT 5/1/2009 11:38:40 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/0 \* DNIS:2738300 \* CSID: \* DURATION (mm-ss):02-38

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Ramraj Soundar 4821A Eisenhov	\$						
Alexandria, VA 22304							(Depositor's name)
							(Signature)
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
09/890_536	09/890_536 01/15/2003		Julie Salamone		EID-0076 3577		
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☐ "Fee Address" indi	ication (or "Fee Address 2 or more recent) attach	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	ype)			
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IONA Technologies, PLC Dublin, Ireland							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual. 🚨 Corporation or other private group entity 🚨 Covernment							
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